

**S/N 10/025,183**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Jeffrey A. Von Arx et al.	Examiner:	George Manuel
Serial No.:	10/025,183	Group Art Unit:	3762
Filed:	December 19, 2001	Docket:	279.391US1
Title:	AN IMPLANTABLE MEDICAL DEVICE WITH TWO OR MORE TELEMETRY SYSTEMS		

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**INFORMATION DISCLOSURE STATEMENT**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement. However, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 19-0743 in order to have this Information Disclosure Statement considered.

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Serial No :10/025,183

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Title: AN IMPLANTABLE MEDICAL DEVICE WITH TWO OR MORE TELEMETRY SYSTEMS

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Dkt: 279.391US1

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

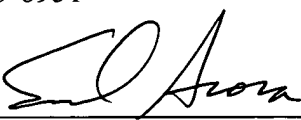
Respectfully submitted,

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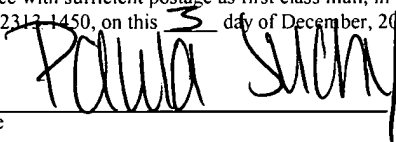
Date December 3, 2004

By 

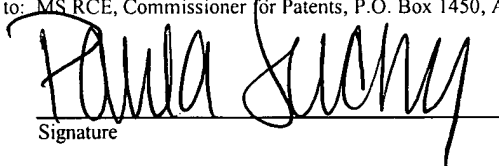
Suneel Arora  
Reg. No. 42,267

**CERTIFICATE UNDER 37 CFR 1.8:** The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450, on this 3 day of December, 2004.

Name



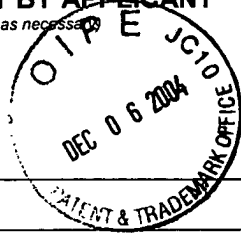
Signature



Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE  
 STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Complete if Known

Application Number	10/025,183
Filing Date	December 19, 2001
First Named Inventor	Von Arx, Jeffrey
Group Art Unit	3762
Examiner Name	Manuel, George

Sheet 1 of 1

Attorney Docket No: 279.391US1

**US PATENT DOCUMENTS**

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Filing Date If Appropriate
	US-2003-0114898A1	06/19/2003	Von Arx, Jeffrey A., et al.	12/19/2001
	US-2004-0030260A1	02/12/2004	Von Arx, Jeffrey A.	10/11/2002
	US-5,650,759	07/22/1997	Hittman, F., et al.	11/09/1995
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	US-6,329,920	12/11/2001	Morrison, M. J., et al.	01/21/2000
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	US-6,708,065	03/16/2004	Von Arx, J. A., et al.	03/02/2001
	US-6,809,701	10/26/2004	Amundson, Mark D., et al.	08/05/2003

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	T <sup>2</sup>
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**OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		RAWAT, PRASHANT , et al., "RADIO FREQUENCY ANTENNA IN A HEADER OF AN IMPLANTABLE MEDICAL DEVICE", Application Serial No. 10/744,943, Filed December 22, 2003, Attorney Docket No. 279.665US1, 34 pgs.	

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional) <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached